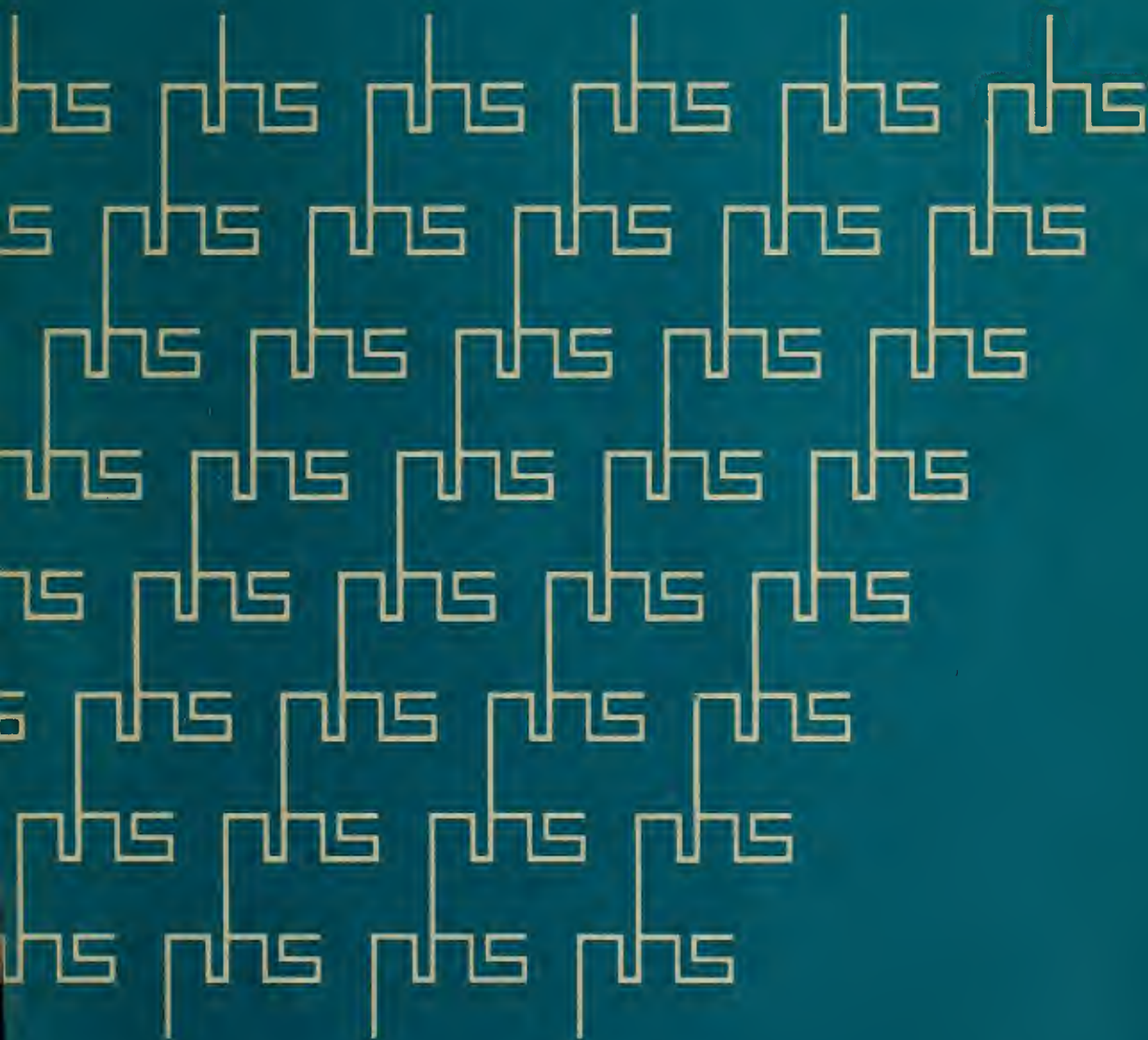
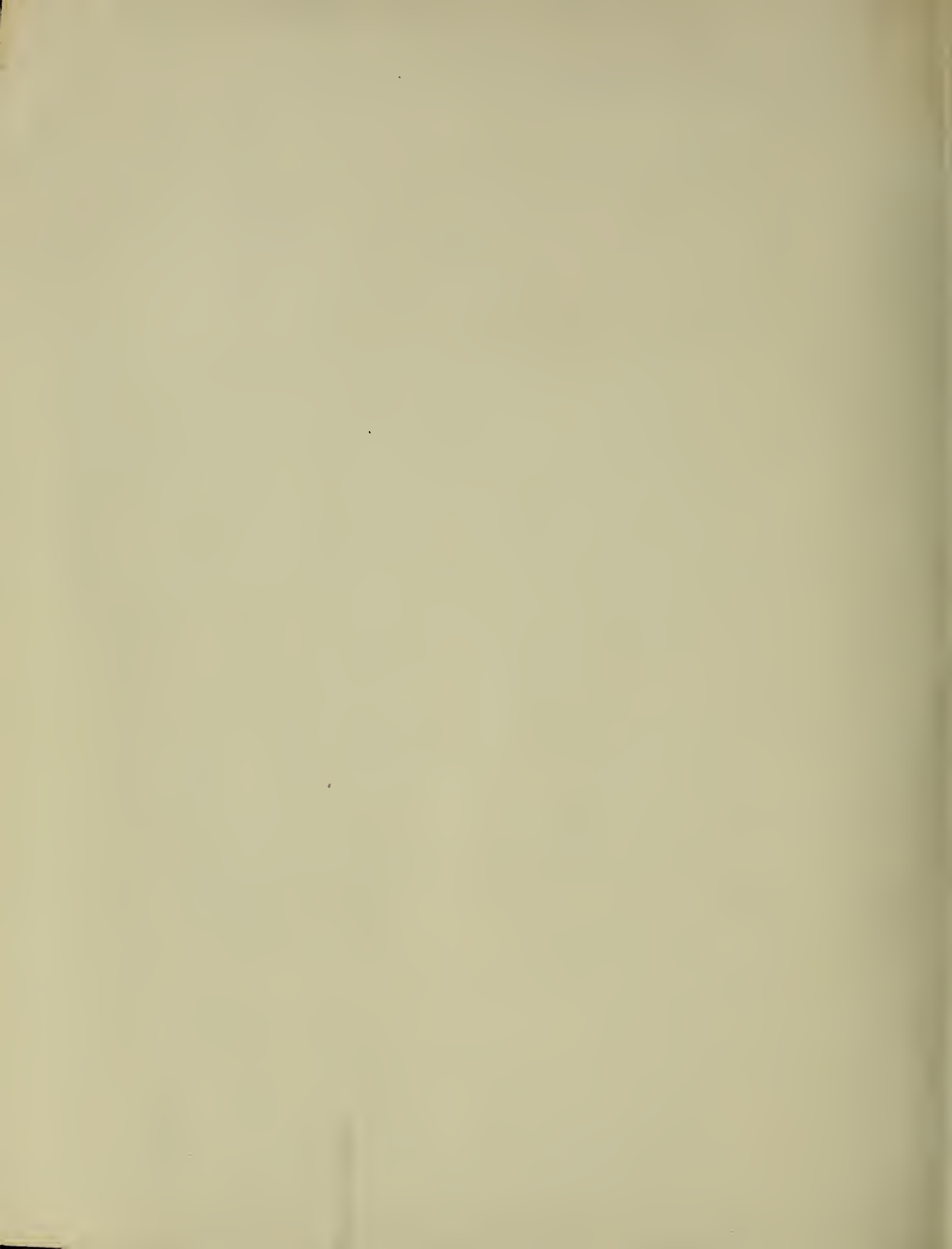


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1976

History, Mission, and Organization of the PUBLIC HEALTH SERVICE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Office of Administrative Management





Free, Rec'd 9-7-76

**History, Mission, and Organization
of the
Public Health Service**

United States. Public Health Service
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FOREWORD

This booklet has been designed as a ready reference guide for Public Health Service employees for use in obtaining basic information about PHS. It was prepared by staff of the Office of Administrative Management, PHS. Section I contains a discussion of the history of the Public Health Service from its founding in 1798 to the present time. The section also includes a list of selected milestones in the history of PHS. Section II describes the mission and structure of PHS. Section III highlights the organizational structure and functions of the PHS offices.

section I

History of the
Public Health Service

Introduction

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ORIGIN

The Public Health Service began as the U.S. Marine Hospital Service in 1798 when an act of Congress providing for the care and relief of sick and injured seamen was signed by President John Adams. Since colonial days, the merchant fleet had been the Nation's economic lifeline and a major element of its naval defense. The proponents of the act of 1798 argued that in addition to humanitarian considerations, the national defense and the promotion of commerce demanded Federal assistance via the provision of direct medical and hospital care for these seamen who generally did not have community roots and who were not entitled to benefits in local health facilities.

Throughout most of the 1800s, the major function of the U.S. Marine Hospital Service continued to be the care and relief of sick and injured seamen. In 1870, the Marine Hospital Service was reorganized as a national hospital system with centralized administration under a medical officer, the supervising surgeon, who was later given the title of Surgeon General. The first career service for civilian employees in the Federal Government—governing the appointment and promotion of physicians in the marine hospitals—was created by regulations put into effect in 1873. This paved the way for the statutory establishment of the Commissioned Corps of the Public Health Service in 1889. The reorganization of the 1870s marked the beginning of preventive medicine in the Service. Congress provided for a Reserve Corps in 1918 making it possible to recruit professional personnel, other than physicians, for emergency duty. In 1930, the Regular Corps began to include engineers and dentists, and in 1944, the Commissioned Corps was expanded to include research scientists, nurses, and other health specialists.

EPIDEMIC CONTROL

As early as 1799, Congress authorized Federal officers to cooperate with State and local authorities in the enforcement of their quarantine laws. Many short term laws also permitted physicians in the Marine Hospitals to help communities curb unusually severe epidemics of cholera and yellow fever. From 1870 onward, the problems of epidemic control increased. The population was growing rapidly as a result of a high birth rate and large immigration. Cities were growing and industries were expanding; railroads and steamboats were speeding the introduction and transmission of infectious diseases. In the 1870s, also, the science of bacteriology was born. Study on the causes and control of disease began to grow quickly.

Maritime quarantine, however, was the chief mechanism for the exclusion of epidemic disease from U.S. shores. Until 1878, quarantine laws and regulations were the exclusive province of State and local governments. The diversity of these laws and of the degree of enforcement, however, stimulated Congress to give the Marine Hospital Service partial responsibility as a means of bringing about some uniformity. The Service was required to develop regulations for voluntary adoption by the States and port cities and to apply its regulations at ports lacking either State or local laws. In 1889 the National Quarantine Act provided for State Department officials to report to the Surgeon General on health conditions overseas. In 1893, Congress finally gave full responsibility for foreign and interstate quarantine to the Service, emphasizing the cooperative relationship with State Health Departments that the Service had developed.

EARLY RESEARCH AND INVESTIGATIONS

Science began to advance steadily during the last quarter of the 19th century. With the advent of bacteriology, precise knowledge about the causes and control of many diseases became possible. These circumstances demonstrated the value of a central organization for research, field studies, and practical assistance in the control of epidemics. A one-room laboratory established in 1887 at the Marine Hospital in Staten Island, New York, to apply new bacteriologic principles to the study of disease in this country, was called the Laboratory of Hygiene.

Quickly proving its worth, authorization was obtained in 1891 for establishing the laboratory as an official entity of the Service. Named the Hygienic Laboratory, it was moved in the same year to the headquarters building of the Marine Hospital Service in Washington, D.C. Here it became the nucleus of the future National Institutes of Health. At the turn of the century, the production and interstate sale of vaccines, serums, and other biological products was increasing rapidly. In 1902, an act of Congress assigned to the Service a responsibility with respect to licensing and regulating the production and sale of biologics in interstate commerce.

An act of 1912 expanded the research program of the Service to include conditions other than communicable diseases, and specifically authorized studies of water pollution. This act also changed the name of the U.S. Marine Hospital Service to the Public Health Service, reflecting the broadened functions for which the Service was responsible.

The act of 1912 also authorized PHS to assign health personnel to other Federal agencies on a reimbursable basis. The objective was to make highly trained professional workers available to agencies whose major responsibilities were not in medical and health fields, but who required some such work and support.

GROWTH OF THE PUBLIC HEALTH SERVICE

The next major development in the growth of PHS came with the passage of the Social Security Act of 1935 which authorized annual grants to the States for health purposes. This greatly stimulated development of the Nation's health services. It also strengthened the partnership of the Federal Government with the States and territories to protect and promote the health of the people.

In 1937, Congress established the first of the special Institutes—the National Cancer Institute. The National Cancer Act authorized, for the first time, grants-in-aid to universities or individuals for research and included authority to award fellowships. Later, this authority was extended to other research fields. The Venereal Disease Control Act of 1938 enabled the Service to launch a major comprehensive national control program against a specific group of diseases, principally syphilis and gonorrhea.

In 1939, as part of President Franklin D. Roosevelt's program for the reorganization and consolidation of Federal services, a Federal Security Agency was created to bring together most of the health, welfare, and educational services of the Federal Government. One of its components was the Public Health Service which had been a part of the Treasury Department until now.

During World War II, PHS was given responsibility for a number of emergency health and sanitation activities. These were of appreciable importance to the Nation's total defense effort. However, the war emergency delayed the development of programs which health and medical leaders agreed were necessary. On the other hand, many new forces were set in motion during the war which were to have a profound effect on the work of the Service.

Two, in retrospect, seem the most significant. First, the greatly expanded employment during the war coupled with the provision of direct health services at war industry plants and to military dependents at Army and Navy bases greatly effected a better appreciation of health

care in the United States. This stimulated a wide demand for continued and better health care services. Second, wartime health research—pursued on a scale never before attempted—opened up possibilities for peacetime exploration. The war experience showed what could be accomplished through research.

Immediately after the end of hostilities, Congress began to put into effect plans which medical, health, and hospital authorities had agreed were needed. Beginning in 1944 and continuing up to the present time, a series of laws has been passed which have significantly affected the Nation's medical research and training effort, increased health services in the States, and expanded the functions and responsibilities of the Public Health Service. A gradual and continuing assumption of new responsibilities—plus a steady advance toward broader national programs in public health and research—have marked the intervening years.

In 1946, the Hill-Burton program was initiated. The goals were to increase construction in order to fill the Nation's critical hospital and health facility shortages and to upgrade the Nation's medical care, particularly in rural areas. As a result of this program, since the late 1940s, PHS has provided national leadership in hospital planning, design, research, and operation. Since the mid-1950s, the program has provided aid to well over 5,000 hospital and medical facilities across the United States through Federal grants-in-aid.

Also in 1946, the National Mental Health Act established a National Advisory Council on Mental Health and a broad program of grants for research, training and community health services in the field of mental health. In 1948, the Public Health Service's research activities were broadened by the statutory establishment of the National Heart Institute and the National Institute of Dental Research. In that same year, the National Microbiological Institute was created by administrative action. Two years later saw the establishment of the National Institute of Arthritis and Metabolic Diseases and the National Institute of Neurological Diseases and Blindness. In 1955, the National Institute of Allergy and Infectious Diseases was established, and in 1962, Congress authorized the creation of an Institute of General Medical Sciences and an Institute of Child Health and Human Development.

RECENT ORGANIZATIONAL CHANGES

The Public Health Service Act of July 1, 1944, brought together on an integrated basis the many authorities of

the Service that had been enacted since 1798 and that had continuing utility. In some important particulars, authority that had been restricted was now extended. The Public Health Service Act of 1944 divided PHS into four bureaus: the Office of the Surgeon General; the National Institutes of Health; the Bureau of Medical Services; and the Bureau of State Services. In 1953, PHS, along with other units of the Federal Security Agency, became a component of the newly created Department of Health, Education, and Welfare. The basic structure of the Public Health Service remained the same until the 1960s.

In the early 1960s, unsuccessful attempts were made to modify the law to permit some modernization of the PHS structure. Finally, in 1966, President Lyndon B. Johnson sent to Congress his Reorganization Plan Number 3, which became effective in June of that year. This authority empowered the Secretary of HEW to reorganize the Public Health Service without formal approval of Congress. Anticipating this authority, DHEW Secretary John Gardner appointed, in the summer of 1965, an external ad hoc committee, chaired by Dr. John Corson of Princeton University, to make a detailed study of the Department's health functions.

Secretary Gardner established the new organization of PHS, effective January 1967, based on the committee's report. As reconstituted, the Service consisted of (1) five operating bureaus: the National Institutes of Health; the Bureau of Disease Prevention and Environment Control; the National Institute of Mental Health; the Bureau of Health Services; and the Bureau of Health Manpower; (2) two specialized activities: the National Center for Health Statistics and the National Library of Medicine; and (3) the Office of the Surgeon General. This structure became known as the "five-bureau" organization, but it was to be short-lived.

The Federal role in meeting the health problems of the Nation continued to undergo dramatic changes in size, scope, and nature throughout the 1960s in response to the evolving needs of society. President Johnson, in 1968, once again called upon the Secretary of DHEW to submit another organization plan to "achieve the most efficient and economic operation of the health programs of the Federal Government." As a result of this mandate, then Acting HEW Secretary Wilbur Cohen soon restructured the Public Health Service once more. The following changes in the PHS organization were made: (1) the Assistant Secretary for Health and Scientific Affairs was given line responsibility for the direction of

PHS. The Office of the Surgeon General became greatly deemphasized although it retained authority for administration of the PHS Commissioned Corps. For the first time in American history, a noncareer official became the Federal Government's top health officer; (2) the Food and Drug Administration was transferred to the Public Health Service; (3) the National Institutes of Health were elevated to the status of an operating agency; and (4) a new operating agency, called the Health Services and Mental Health Administration, was created. The FDA Commissioner, the NIH Director, and the HSMHA Administrator were made responsible to the Assistant Secretary.

Added to NIH were the Bureau of Health Manpower and the National Library of Medicine, thereby bringing together the principal activities dealing with, and supporting, the medical schools and the universities. The newly created Health Services and Mental Health Administration (HSMHA) consisted of all that previously had been the Public Health Service, except NIH, the Bureau of Health Manpower, and the National Library of Medicine.

Later in 1968, DHEW Secretary Cohen, under a new reorganization order, created another agency of the Department of HEW—the Consumer Protection and Environmental Health Service (CPEHS). CPEHS was designed to include PHS activities on air pollution, urban and industrial health, and radiological health, all transferred from HSMHA—plus other activities of HSMHA's National Communicable Disease Center. Also included in this new CPEHS structure was the Food and Drug Administration. The rationale for this linking was that man's environmental milieu consisted of the products he consumed and used, as well as the elements of nature; therefore, it was felt that FDA and the environmental health aspects of DHEW should be brought together.

Reorganizing continued in PHS during the late 1960s and early 1970s as HSMHA underwent a number of internal reorganizations in 1968 and 1969. Then, in January 1970, DHEW Secretary Robert Finch announced that he was abolishing CPEHS and dividing it into two organizations, each at the level of an operating agency. Reestablished at that level was FDA, and a new unit, the Environmental Health Service. DHEW Secretary Finch felt that experience had shown little practical interaction between FDA and the remainder of CPEHS. Now the much restructured Public Health Service consisted of four operating agencies: HSMHA; NIH; FDA; and the new EHS. The Environmental Health Service, however, later was abolished when President Nixon created the

newly independent Environmental Protection Agency in late 1970. Nearly all of PHS' Environmental Health Service programs (including a program to combat water pollution) were transferred to EPA.

One major agency of HSMHA had been the National Institute of Mental Health. In May 1971, DHEW Secretary Elliot Richardson created a National Institute on Alcohol Abuse and Alcoholism as a component of NIMH. Concerning other facets of restructuring, substantial organizational and procedural changes resulted when extensive decentralization to the 10 Regional Health Directors took place in the early 1970s. Also, the title, Assistant Secretary for Health and Scientific Affairs, became Assistant Secretary for Health in November 1972.

CURRENT STRUCTURE

The most recent major reorganization of the Public Health Service took place in the summer of 1973. By 1972, HSMHA had become a rather unwieldy organization with 16 major components. A comprehensive study recommended a restructuring of the Public Health Service based upon the fact that PHS work in the health field seemed to center around five basic components: prevention; research; resource development; services; and compliance. A subsequent study concerning the important

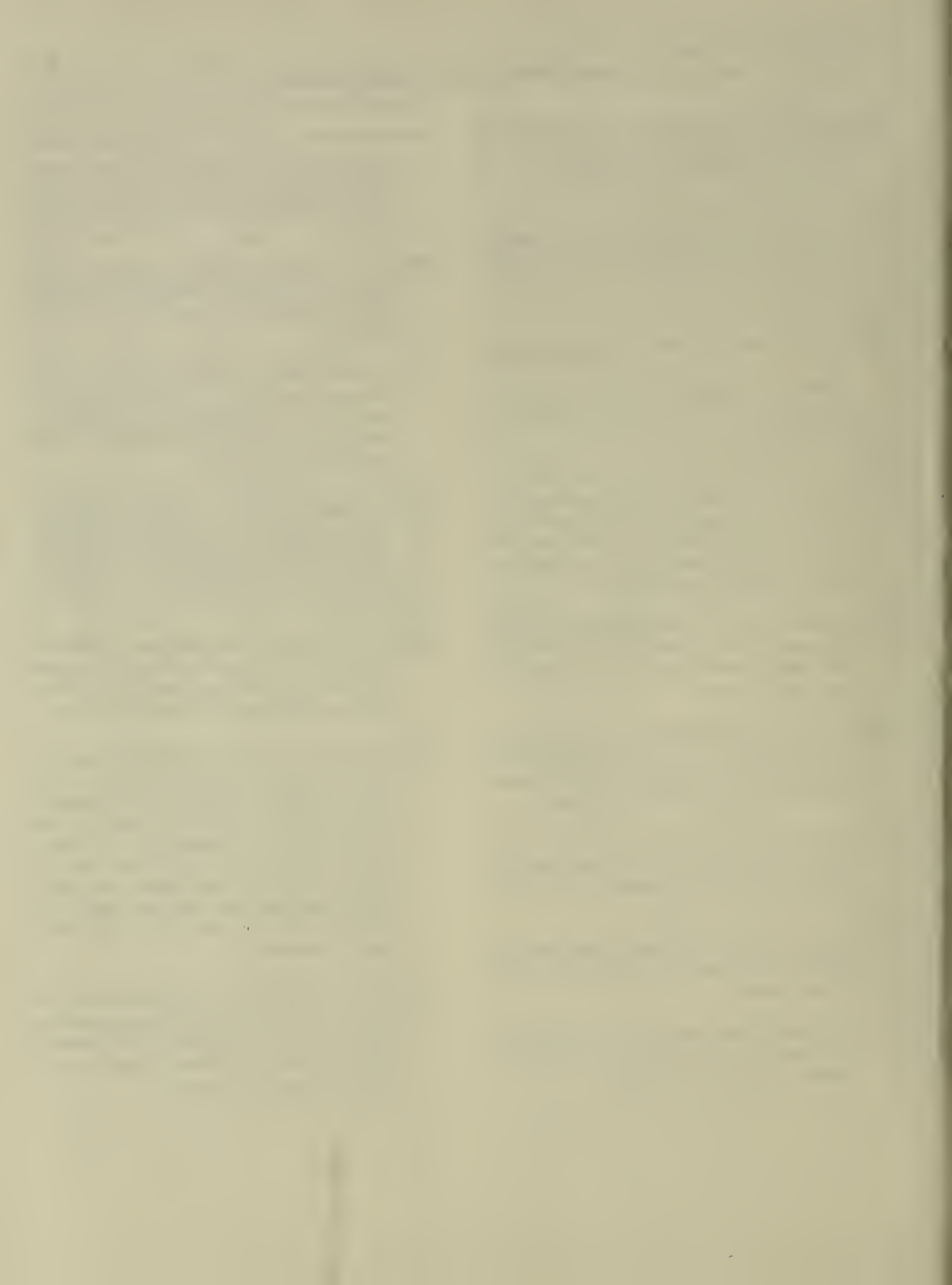
issues of alcoholism and mental health recognized the need to establish a particular emphasis in these areas.

DHEW Secretary Weinberger abolished HSMHA in the summer of 1973 and, in its place, created three separate line agencies: the Center for Disease Control; the Health Resources Administration; and the Health Services Administration. Thus, as of that time, the Public Health Service, newly emphasized as a major entity within DHEW, consisted of the Office of the Assistant Secretary for Health and five line agencies: (1) the Center for Disease Control; (2) the Health Resources Administration; (3) the Health Services Administration; (4) the Food and Drug Administration; and (5) the National Institutes of Health.

The last part of the current restructuring of PHS line agencies was completed in late 1973. As stated before, it had been determined that an increased emphasis on programs dealing with alcoholism and mental health was needed. Programs in these areas were currently operating in the National Institute of Mental Health, which had been transferred to NIH in the summer of 1973. Later that year, DHEW Secretary Weinberger placed drug abuse programs with alcoholism and mental health programs creating the sixth and, as of now, the latest major line agency in PHS—the Alcohol, Drug Abuse, and Mental Health Administration. This last restructuring brings us to the present.

Selected Milestones in the History of PHS

- 1798 The Marine Hospital Service was established in the Treasury Department by President John Adams for the relief of sick and disabled seamen.
- 1870 The Marine Hospital Service was reorganized as a national hospital system with centralized administration under a medical officer, the supervising surgeon, who was later given the title, Surgeon General.
- 1878 The First Federal Quarantine Act was passed. Public health work was undertaken in this area because of the prevalence of major diseases such as smallpox, yellow fever, cholera, typhus fever and bubonic plague.
- 1889 Congress officially established the Public Health Service Commissioned Corps along military lines with titles and pay corresponding to Army and Navy Grades. The Commissioned Corps was established as a mobile force of professionals subject to duty anywhere upon assignment.
- 1891 Hygienic Laboratory established which was the forerunner of the National Institutes of Health. NIH today supports 80% of the biomedical research of the nation.
- 1912 The name Public Health and Marine Hospital Service changed to the U.S. Public Health Service. The research program was expanded to include health problems other than communicable diseases.
- 1935 Under the Social Security Act, the Federal Government entered into an enduring partnership with the States for the protection and advancement of the people's health.
- 1939 After 141 years in the Treasury Department, the Public Health Service became a part of the Federal Security Agency.
- 1944 The Public Health Service was reorganized into four bureaus with the passing of the omnibus Public Health Service Act by Congress.
- 1946 With the establishment of the National Hospital Survey and Construction (Hill-Burton) Program, the Public Health Service became the nation's leader in hospital planning, design, research, and operation.
- 1953 Along with other units of the Federal Security Agency, PHS became a component of the newly created Department of Health, Education, and Welfare.
- 1966 President Lyndon B. Johnson sent to Congress his Reorganization Plan No. 3 which empowered the Secretary of Health, Education, and Welfare to reorganize the Public Health Service – without formal approval of Congress.
- 1968 The Assistant Secretary for Health and Scientific Affairs was given line responsibility for the direction of PHS. For the first time in American history, a noncareer official became the Federal Government's top health officer.
- 1972 The Professional Standards Review Organization Act was passed to assure that health care financed with Federal funds is necessary, of the highest quality, and delivered in an appropriate setting.
- 1973 Recent major restructuring of PHS began in 1973. PHS was then transformed into the Office of the Assistant Secretary for Health and five line agencies: (1) the Center for Disease Control; (2) the Health Resources Administration; (3) the Health Services Administration; (4) the Food and Drug Administration; and (5) the National Institutes of Health. Later that year the sixth agency was created—the Alcohol, Drug Abuse and Mental Health Administration,
- 1974 The Public Health Service begins to administer the National Health Planning and Resources Development Act of 1974, under which it is attempting to identify and plan the services required by communities throughout the country.



section II

Mission and Organization
of the
Public Health Service

The Public Health Service (PHS) is the principal health agency of the Federal Government. It is the oldest of the major operating units that comprise the Department of Health, Education, and Welfare.

Stated in the broadest possible terms, the mission of the Public Health Service is to protect and advance the health of the American people. The Assistant Secretary for health—with overall responsibility for the direction of PHS—serves as the DHEW Secretary's principal advisor on health and provides leadership and guidance on all health and health-related activities, including research and development; education and training; and the organization, financing, and delivery of health care services.

PHS is not alone in this objective, of course. It is but one of many organizations—Federal, State, and local; public and private; voluntary and official—which are working for the Nation's health. As the principal instrument of the Federal Government in this field, the Service has been granted by Congress a wide variety of specific responsibilities. Its programs have been developed in cooperation with the States, universities, hospitals, and other groups having an interest in health.

The Public Health Service is comprised of civil servants and officers of the Commissioned Corps. The latter is composed of physicians, dentists, nurses, and other health professionals with graduate level training who volunteer for service in PHS. As of May 1976, there were more than 34,000 civil servants working for PHS and more than 5,300 officers on duty in the Commissioned Corps.

The Public Health Service was originally created in 1798 to provide for the care and relief of sick and injured seamen. Since then new laws have broadened this concept and extended coverage to include a number of additional clientele in the U.S. population. Those now eligible for PHS assistance in such areas as medical and dental care and preventive health services include: actively employed merchant seamen; active and retired officers and enlisted personnel of the Coast Guard, Coast and Geodetic Survey, and commissioned personnel of the Public Health Service (and their dependents); Federal employees injured in the line of duty; and Peace Corps volunteers. Also eligible for PHS services are: American Indians and Alaska natives; inmates in Federal prisons; and those persons afflicted with leprosy. The above groups receive health services at PHS hospitals and outpatient clinics throughout the country.

How does the Public Health Service fulfill its mission of protecting and advancing the health of not only the above clientele groups, but also the general American public? What are its particular duties? How is it structured? In analyzing the mission of the Public Health Service, one should attempt to answer these questions.

STRUCTURE OF PHS

To start with, it should be remembered that the Assistant Secretary for Health is assisted in his management of PHS by several staff offices concerned with internal management and a number of special function offices in the health field, all of which are organizationally located in the Office of the Assistant Secretary for Health. With regard to the basic organization of the Service, the major components are the six line agencies: the Alcohol, Drug Abuse, and Mental Health Administration; the Center for Disease Control; the Food and Drug Administration; the Health Resources Administration; the Health Services Administration; and the National Institutes of Health.

FUNCTIONS OF PHS LINE AGENCIES

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) develops policies and programs for the treatment and prevention of alcohol, drug abuse, and mental health problems. It conducts and supports research on all aspects of the above problems and on the delivery of appropriate health services to combat these problems. ADAMHA also supports the training of professional and paraprofessional personnel for work in these fields and provides technical assistance and support to State and local authorities and PHS Regional Offices.

The Center for Disease Control (CDC) assists State and local health authorities and other health-related organizations in preventing and controlling diseases, improving the performance of clinical and Public Health laboratories, and improving occupational safety and health. It maintains surveillance of diseases and undertakes to prevent the importation of diseases. CDC provides assistance in the control and prevention of diseases and surveys the immunization status of the population. It develops new methods for testing and preventing communicable and vectorborne diseases and conducts a program for improving the performance of clinical laboratories. CDC also assists with the international control of communicable diseases.

The Food and Drug Administration protects the public health of the Nation as it may be impaired by foods, drugs, biological products, cosmetics, medical devices, radiation-emitting products, poisons, pesticides, and food additives. It insures that: foods are safe and wholesome; drugs, medical devices, and biological products are safe and effective; and cosmetics are harmless. It also insures that all of the above are honestly and informatively packaged.

The Health Resources Administration provides leadership with respect to the identification and deployment of personnel and educational, physical, financial, and organizational resources in the achievement of optimal health services for the people of the United States. It conducts and supports analyses, research, technical assistance, evaluation programs, etc., to improve the overall health services system of the Nation. It collects, analyzes, and disseminates data on vital and health statistics and provides leadership and support for the development of State, area, and local comprehensive health planning and services.

The Health Services Administration (HSA) serves as a national focus for programs and health services, with emphasis on achieving the integration of service delivery and public and private financing systems to assure their responsiveness to the needs of all Americans. HSA administers health service delivery programs supported by project grants or contracts and provides or arranges for personal health services, including both hospital and out-patient care, to designated beneficiaries.

The National Institutes of Health (NIH) provides leadership and direction to programs designed to improve the health of the people of the United States. It conducts

and supports research in: the causes, diagnosis, prevention, and cure of diseases of man; the processes of human growth and development; the biological effects of environmental contaminants; and related sciences. It supports the training of research personnel, the construction of research facilities, and development of other research resources. NIH also directs programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists.

This, then, is the mission and structure of the Public Health Service, as it is currently constituted. The programs of the Service are constantly being reoriented and revised; emphases change as health problems change—and as the environment changes. For example, 50 years ago, there was a preoccupation with infectious diseases, their understanding and control. Today, although those diseases continue to be of major concern, a different set of diseases and medical problems is now at the center of the health scene. Cancer, heart disease, mental illness, arthritis, accidents, alcoholism, drug abuse, and others are now the major killers and crippers.

The modern, technological, urbanized life which most of us now live also brings new health problems—dangerous food additives, drugs, and assorted consumer products; air and water pollution; pesticide hazards; radiological contaminants. The activities of the Service must evolve accordingly. One can see the variety of ways in which PHS does its best to protect and advance the health of the Nation. Whether through medical research, the conduct of actual medical assistance programs, or analyses of health resources and health services, PHS constantly strives to fulfill its mission to the American people.

section III

Summaries of
PHS Office Functions
and
Organizational Charts

PHS OFFICE FUNCTIONS AND ORGANIZATION CHARTS

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

PHS Staff Offices

HEALTH AGENCIES

Alcohol, Drug Abuse, and Mental Health Administration

Center for Disease Control

Food and Drug Administration

Health Resources Administration

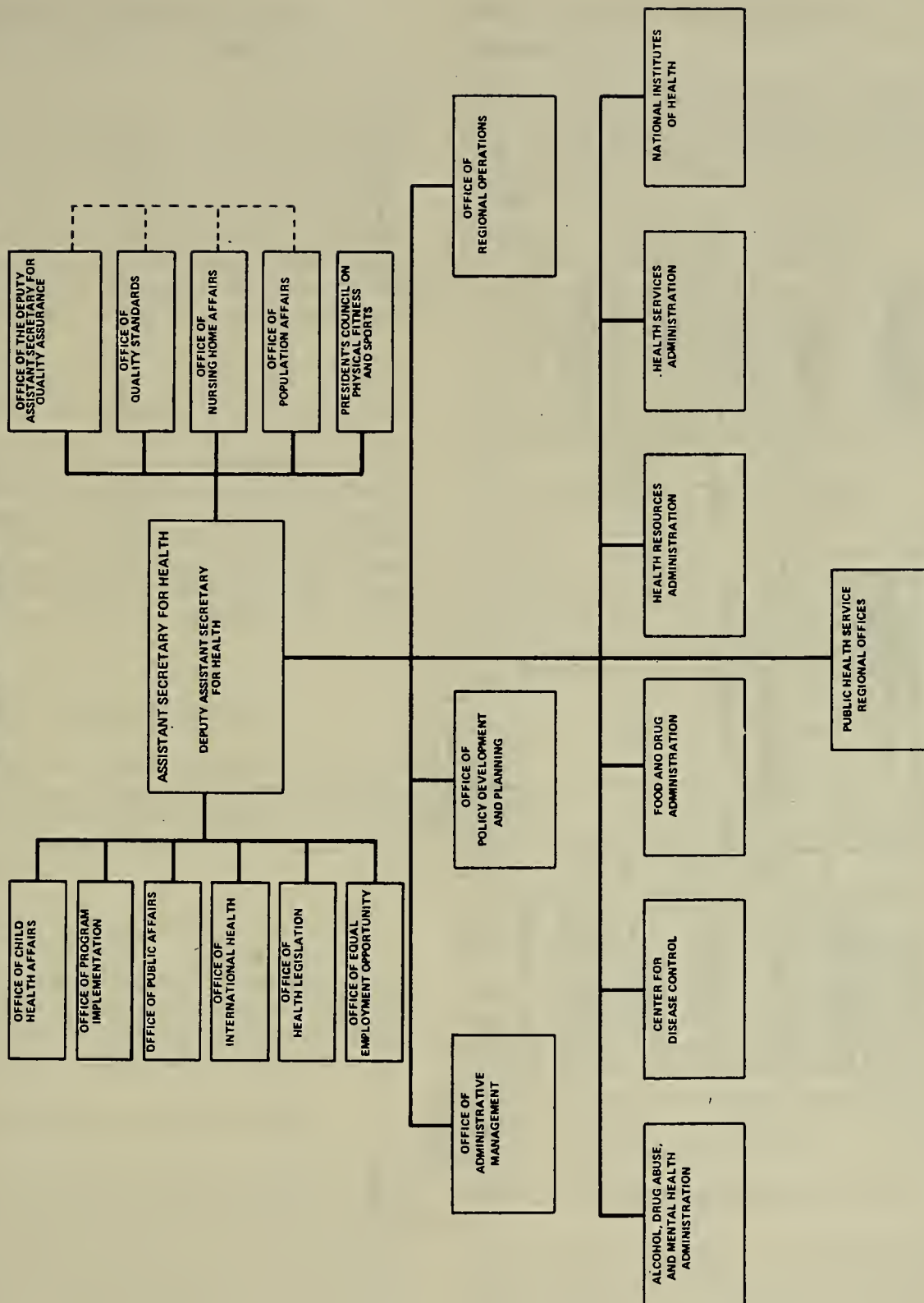
Health Services Administration

National Institutes of Health

PHS REGIONAL OFFICES

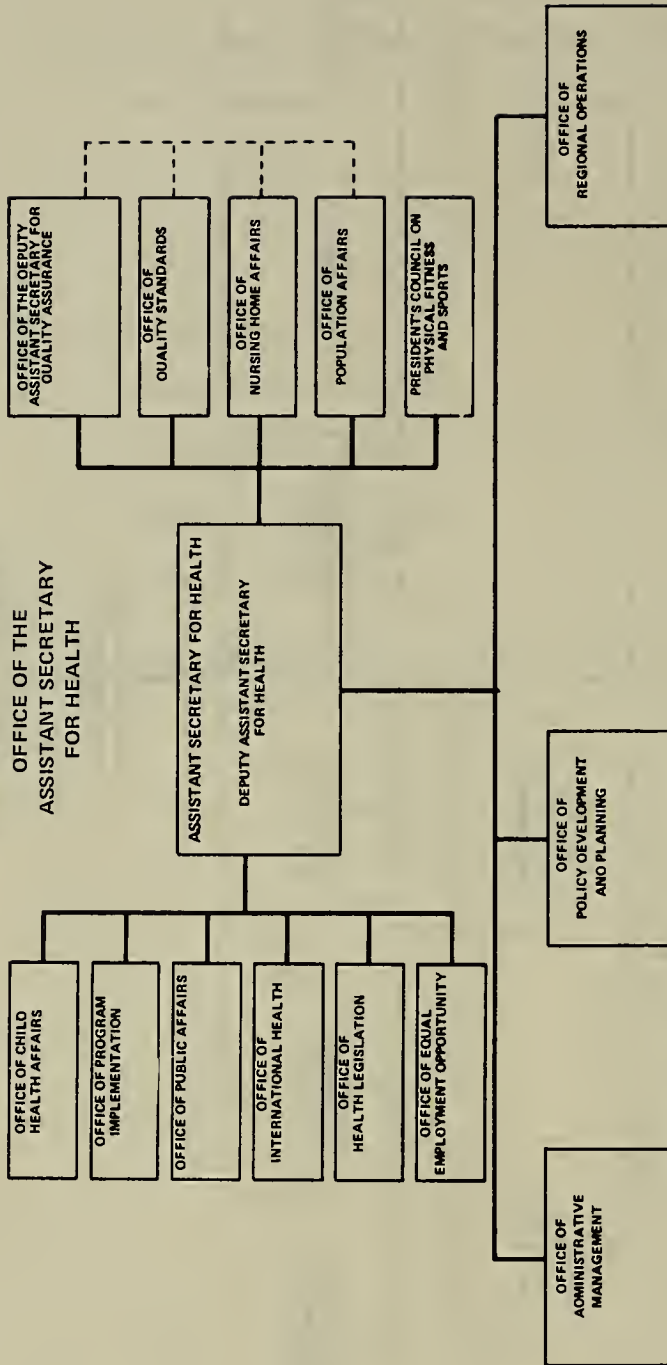
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

PUBLIC HEALTH SERVICE



DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

PUBLIC HEALTH SERVICE



FUNCTIONS OF THE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

The Assistant Secretary for Health directs the activities of the Public Health Service; serves as the Secretary's principal adviser on health; provides leadership and guidance on all health and health-related issues throughout the Department; coordinates activities with other governmental and private agencies concerned with health. Receives assistance and advice from the Deputy Assistant Secretary for Health, the Executive Officer/PHS, and several staff offices carrying out a variety of special functions.

OFFICE OF PROGRAM IMPLEMENTATION

Monitors and coordinates the implementation of legislative health programs. Provides a focal point for the public on patent appeals, freedom of information, fair information practice, veterans affairs, and environmental health matters. Controls correspondence action items, meetings, official files, and PHS/agency communications relative to the Office of the Assistant Secretary for Health.

OFFICE OF PUBLIC AFFAIRS

Advises and assists the Assistant Secretary for Health on communications with various publics served by PHS. Coordinates the public affairs activities of the health agencies with policy directives of the Assistant Secretary for Health.

OFFICE OF INTERNATIONAL HEALTH

Arranges international technical assistance in the health field at the request of other Departments and agencies. Prepares analyses of selected international health policies and programs for the Department of State.

OFFICE OF HEALTH LEGISLATION

Advises the Assistant Secretary for Health in development of the Department's legislative health programs and coordinates the implementation of those programs. Provides guidance and assistance to health agencies in development and presentation of materials for hearings, executive sessions, and conferences on proposed legislative matters.

OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY

Develops PHS-wide EEO policies, goals, and priorities under the guidelines of Executive Order 11478. Collaborates with the Office of Administrative Management in the development of EEO training courses for all supervisory personnel.

OFFICE OF QUALITY STANDARDS

Provides technical advice on programs of health care standards and quality assurance matters to the Assistant Secretary for Health. Reviews and evaluates the implementation of the Professional Standards Review Organization Evaluation Plan in conjunction with the National Professional Standards Review Council on all institutional and professional quality standards.

OFFICE OF NURSING HOME AFFAIRS

Serves as the departmental and PHS focal point for long-term care and nursing home affairs and serves as the focal point for the Assistant Secretary for Health's responsibilities in Departmental programs on aging. Responsible for coordinating the Department's effort in enforcing Federal standards for long-term care.

OFFICE OF POPULATION AFFAIRS

Directs population and family planning activities within the health agencies of the Department. Advises on national programs in the fields of population dynamics, fertility, sterility, and family planning.

OFFICE OF THE DEPUTY ASSISTANT SECRETARY FOR QUALITY ASSURANCE

Serves as Departmental focal point for interagency clearance of major policy issues, plans, agreements, and standards related to quality assurance and health care standards. Coordinates the activities of the Office of Quality Standards, Office of Nursing Home Affairs, and the Office of Population Affairs, as they affect quality assurance and standards of health care.

OFFICE OF CHILD HEALTH AFFAIRS

Provides technical consultation to the PHS agencies on child health programs. Reviews all regulations and monitors the implementation activities of programs related to the health of mothers and children.

PRESIDENT'S COUNCIL ON PHYSICAL FITNESS AND SPORTS

Advises the President and the Assistant Secretary for Health on national programs for physical fitness and sports. Assists State and local governments in efforts to enhance physical activity programs; develops cooperative programs of physical fitness with school systems, civic groups, professional associations, recreation agencies, and other appropriate organizations.

OFFICE OF ADMINISTRATIVE MANAGEMENT

Advises and assists the Assistant Secretary for Health and the Executive Officer on internal management priorities and policies. Develops Public Health Service policy and provides leadership and coordination of health agency activities in the areas of financial management, contracts and grants, personnel management, organization, management systems and studies, administrative services, ADP management and facilities management. Participates in program and legislative planning and analyzes program operations in collaboration with the Assistant Secretary for Health and the health agencies in

order to identify management implications and to ensure responsible administrative planning.

OFFICE OF POLICY DEVELOPMENT AND PLANNING

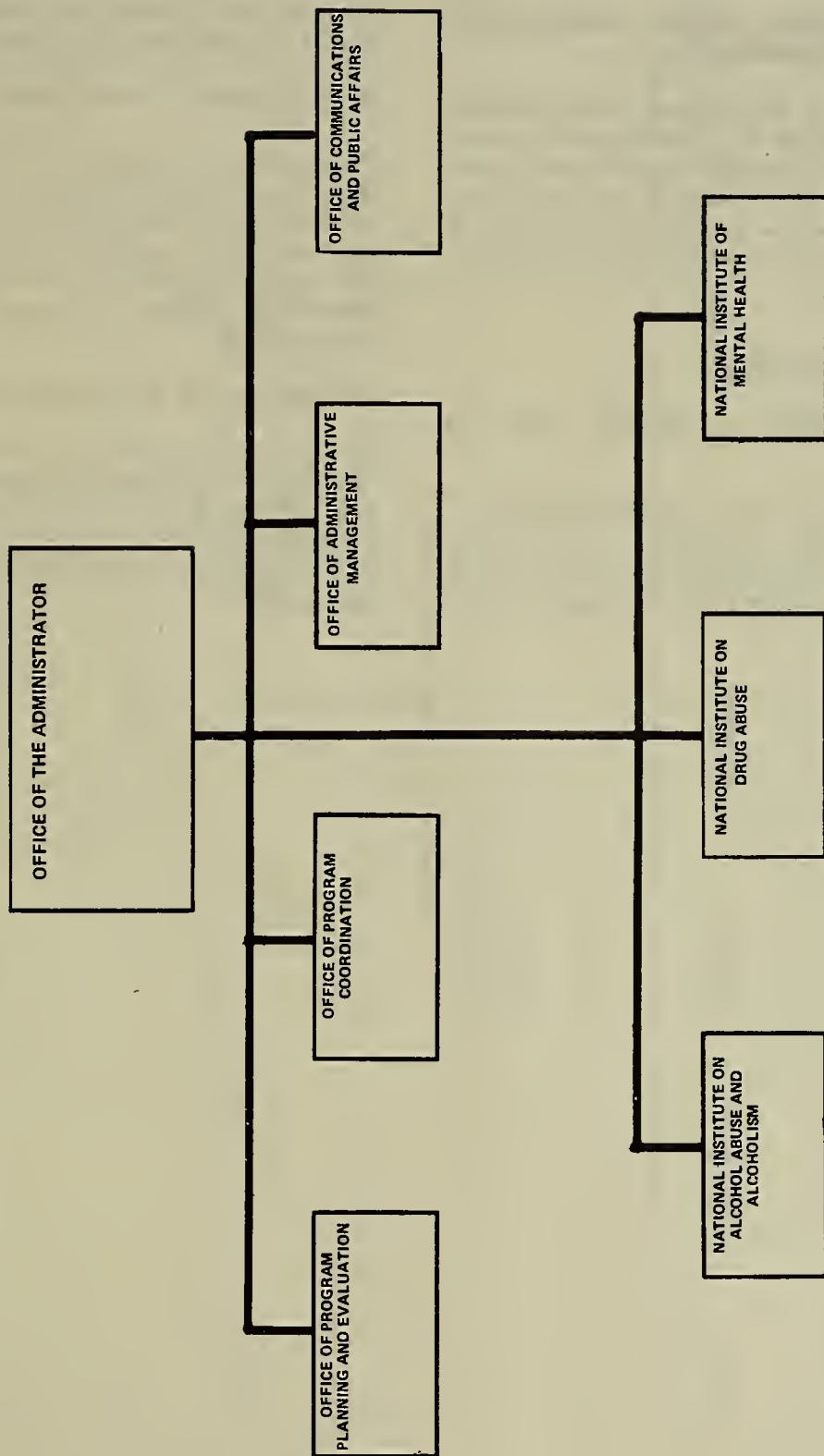
Serves as the principal adviser to the Assistant Secretary for Health concerning the development of a national health policy and strategy. Develops and implements health data policy and coordinates the use of standardized health data elements. Guides the efforts of the PHS agencies in planning, evaluation, and policy analysis across the spectrum of health care delivery systems, health protection, and health research.

OFFICE OF REGIONAL OPERATIONS

Serves as the principal staff adviser to the Assistant Secretary for Health on matters pertaining to the operation of Public Health Service Regional Offices. Reviews and coordinates legislative proposals, policy statements, and program issuances which will affect regional programs, assuring consistency with national priorities and regional needs and capabilities. Coordinates the development and implementation of planning systems for PHS Regional Offices.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

Alcohol, Drug Abuse, and Mental Health Administration



FUNCTIONS OF PHS LINE AGENCIES

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

The mission of the Alcohol, Drug Abuse, and Mental Health Administration is to provide leadership in the Federal effort to reduce and eliminate where possible, health problems of the people of the United States caused by the abuse of alcohol and drugs, and to improve the mental health of the people of the United States generally.

MAJOR COMPONENTS

National Institute on Alcohol Abuse and Alcoholism

Provides policies and goals for the Federal effort in the prevention, control, and treatment of alcohol abuse and alcoholism and the rehabilitation of affected individuals. Conducts and supports research on all aspects of alcohol

abuse, alcoholism, and alcoholism services. Supports the training of professional and paraprofessional personnel.

National Institute on Drug Abuse

Provides policies and goals for the Federal effort in the prevention, control, and treatment of narcotic addiction and drug abuse and the rehabilitation of affected individuals. Conducts and supports research on all aspects of narcotic addiction, drug abuse, and drug abuse services. Supports the training of professional and paraprofessional personnel.

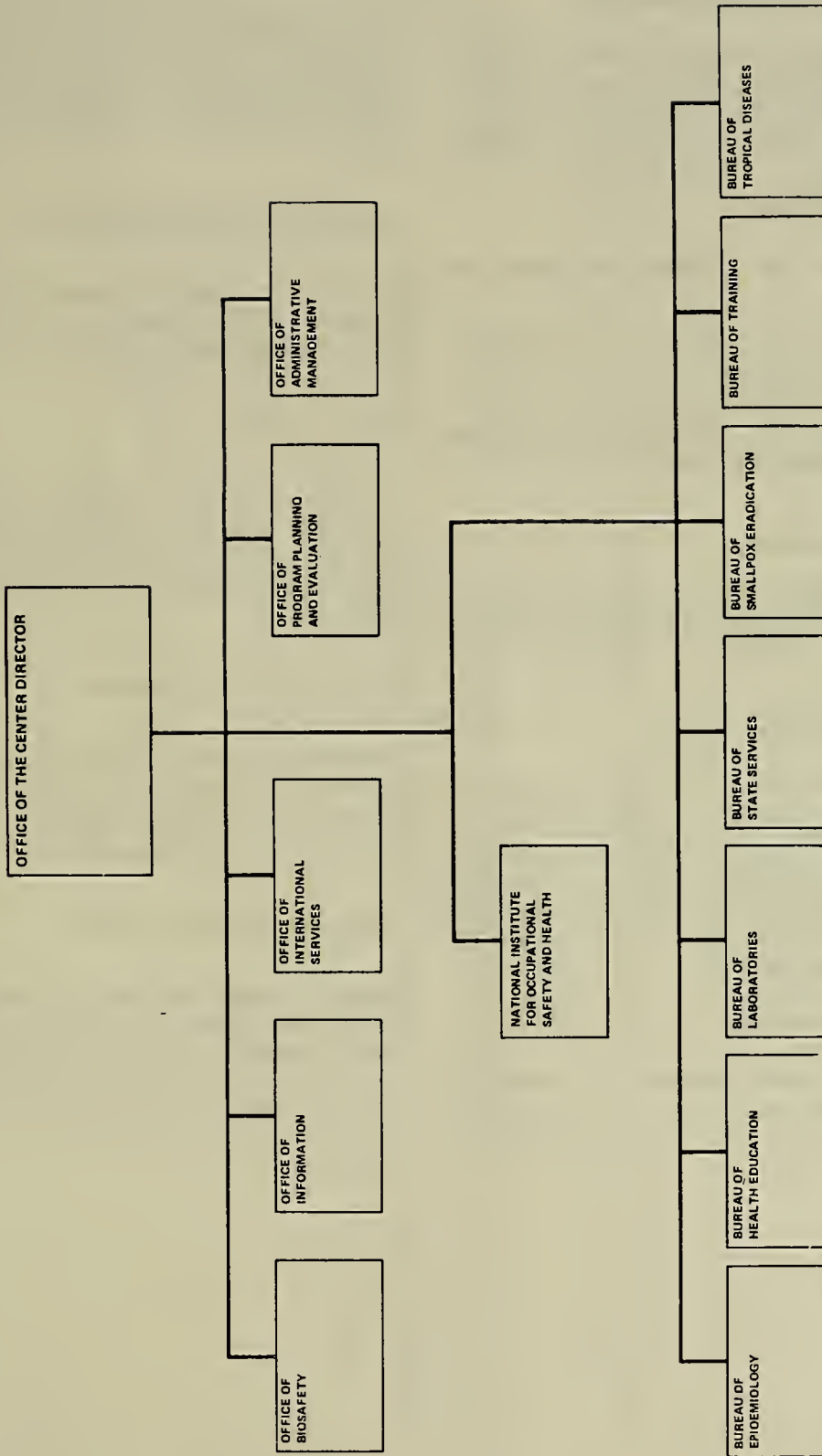
National Institute of Mental Health

Provides policies and goals for the Federal effort in the promotion of mental health, the prevention and treatment of mental illness, and the rehabilitation of affected individuals. Conducts and supports research on all aspects of mental health, mental illness, and mental health services delivery.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

CENTER FOR DISEASE CONTROL



*Located in Atlanta, Georgia

CENTER FOR DISEASE CONTROL

The Center for Disease Control is the Federal agency charged with protecting the public health of the Nation by providing leadership and direction in the prevention and control of diseases and other preventable conditions.

MAJOR COMPONENTS

National Institute for Occupational Safety and Health

Plans and directs the national program effort to develop and establish recommended occupational safety and health standards. Administers research in the field of occupational safety and health and develops innovative methods and approaches for dealing with related problems.

Bureau of Epidemiology

Maintains surveillance over communicable diseases. Directs the national quarantine program, protecting the U.S. against the introduction of diseases from foreign countries.

Bureau of Laboratories

Administers a comprehensive national laboratory improvement program that includes: (1) coordination of research for improving and standardizing laboratory methodology; (2) evaluation of techniques and materials used in public health laboratories; and (3) administration of the licensing and evaluation of clinical laboratories engaged in interstate commerce.

Bureau of State Services

Plans and directs a national program for the prevention, control, or eventual eradication of serious diseases, such

as gonorrhea, measles, poliomyelitis, tuberculosis, syphilis, and rubella, for which specific preventive measures are available. Studies the influence of factors such as socioeconomic status, nutritional status, and demographic characteristics as they affect preventable diseases.

Bureau of Smallpox Eradication

Directs the surveillance of smallpox and smallpox vaccinations within the United States, including an assessment of smallpox vaccine reactions.

Bureau of Training

Conducts a program to improve the performance of practicing health professionals in the techniques of disease prevention and control. Provides disease control training and consultation in natural disasters and epidemics.

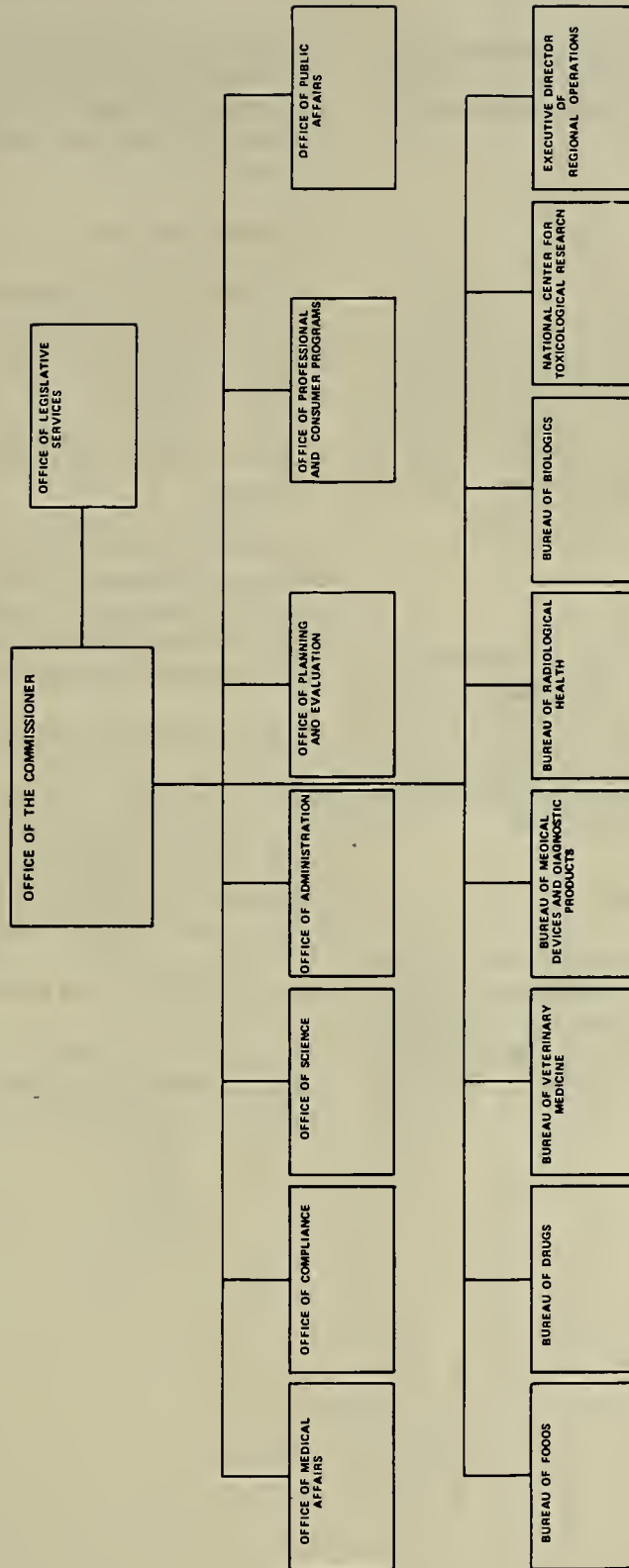
Bureau of Tropical Diseases

Directs and coordinates a program of research to assess the extent and significance of certain vectorborne and tropical diseases. Develops methods of controlling insect vectors and the diseases they transmit.

Bureau of Health Education

Provides leadership and direction to a comprehensive national health education program for the prevention of disease, disability, premature death, and undesirable and unnecessary health problems. Administers a national program to reduce death and disability due to smoking.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION



FOOD AND DRUG ADMINISTRATION

The Food and Drug Administration's activities are directed toward protecting the health of the Nation against impure and unsafe foods, drugs and cosmetics, and other potential hazards.

MAJOR COMPONENTS

Bureau of Foods

Conducts research and develops standards on the composition, quality, and safety of foods, food additives, colors, and cosmetics. Plans FDA surveillance and compliance programs relating to foods. Develops for State and local government model ordinances, codes, and regulations for use in assuring food safety and quality.

Bureau of Drugs

Conducts research and develops scientific standards on the composition, quality, safety, and efficacy of human drugs. Monitors the quality of marketed drugs through product testing, surveillance, and compliance programs. Develops for State and local government regulations and model codes covering drug industry practices.

Bureau of Veterinary Medicine

Develops policies and standards with respect to the safety and efficacy of veterinary preparations and devices. Evaluates proposed use of veterinary preparations for animal safety and efficacy. Plans and directs surveillance and compliance programs relating to veterinary drugs.

Bureau of Radiological Health

Conducts an electronic product radiation control program including the development and administration of performance standards. Coordinates and evaluates surveillance and compliance programs relating to radiation exposure.

Bureau of Biologics

Establishes written and physical standards for biological products. Inspects manufacturers' facilities for compliance with standards and tests products submitted for release.

Bureau of Medical Devices and Diagnostic Products

Conducts research and coordinates the development of standards on the safety, efficacy, and labeling of medical devices in vitro diagnostic products. Plans and directs surveillance and compliance programs covering medical device and diagnostic product industries.

National Center for Toxicological Research

Conducts research programs to study the biological effects of potentially toxic chemical substances found in man's environment, emphasizing the determination of the adverse health effects resulting from long-term, low-level exposure to chemical toxicants.

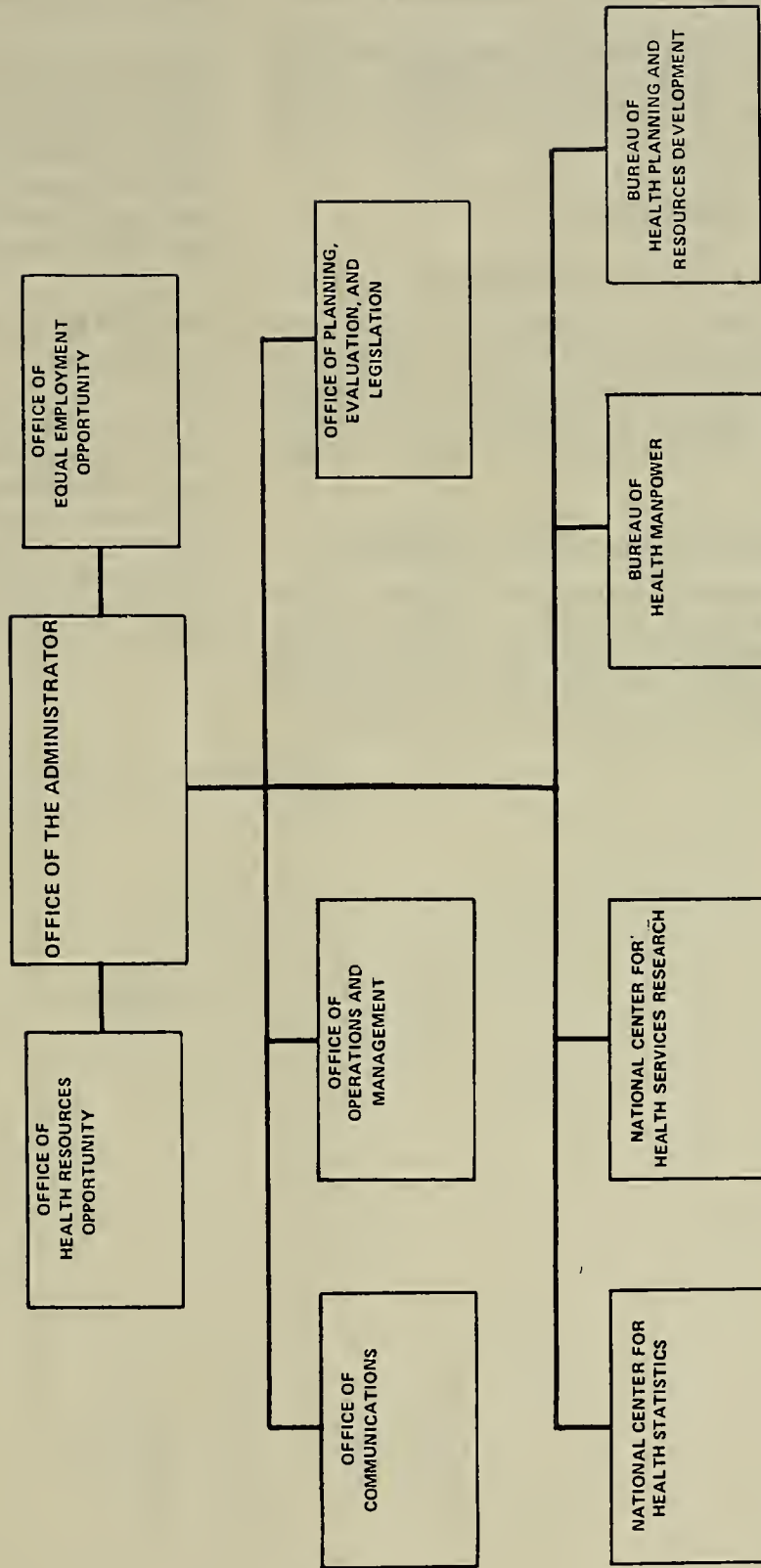
Executive Director of Regional Operations

Executes direct line authority over all FDA field operations. Establishes FDA's field compliance and enforcement posture based on agency policy.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

HEALTH RESOURCES ADMINISTRATION



HEALTH RESOURCES ADMINISTRATION

The mission of the Health Resources Administration is to provide leadership related to the requirements for and distribution of U.S. health resources, including manpower training.

MAJOR COMPONENTS

National Center for Health Statistics

Collects, analyzes, and disseminates health statistics on important events and health activities to reflect the health status of people, health needs, and health resources. Stimulates and conducts basic and applied research in health data systems and statistical methodology.

National Center for Health Services Research

Plans, develops, and administers a program of health services research, demonstration, evaluation, and research training. Serves as lead agency in design and support of research and development projects which are prototypes and models for health services programs.

Bureau of Health Manpower

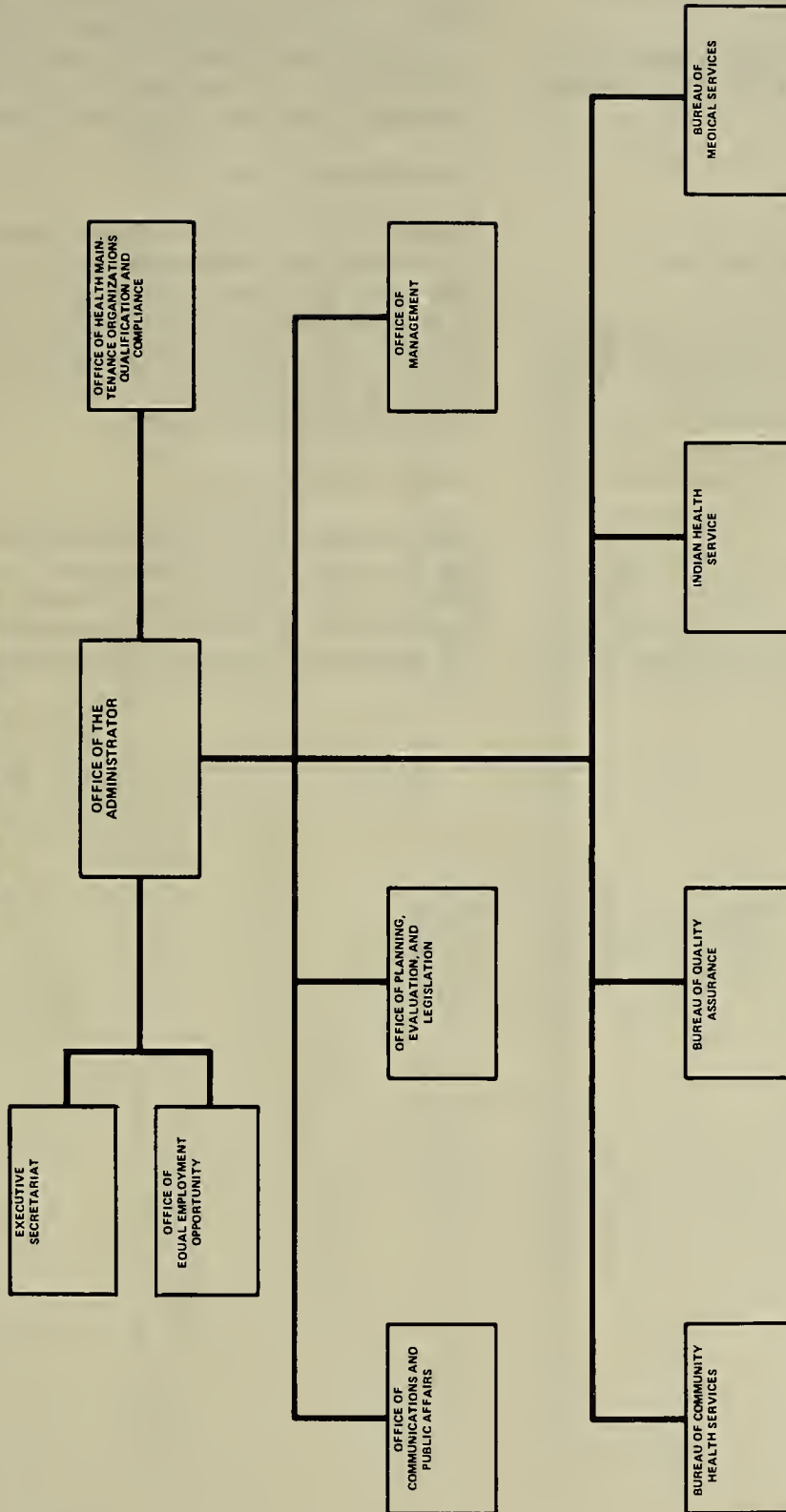
Assesses the Nation's health manpower supply and requirements and forecasts supply and requirements for future time periods under a variety of health resources utilization strategies. Develops, tests, and demonstrates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems.

Bureau of Health Planning and Resources Development

Facilitates the creation of a nationwide network of local health systems to improve the health of the residents' respective health service areas and to restrain increases in the costs of the areas' health services. Administers a program of financial assistance for State and local health planning and delivery systems development activities through a system of grants, contracts, loans, and loan guarantees.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

Health Services Administration



HEALTH SERVICES ADMINISTRATION

The mission of the Health Services Administration is to provide professional leadership in the delivery of health services.

MAJOR COMPONENTS

Bureau of Community Health Services

Serves as a national focus for improving the organization and delivery of health care by initiating activities which provide alternatives in health service delivery. Administers programs which support health services to specific population groups that lack such services. These groups include mothers and children, and migrant workers and their families.

Bureau of Quality Assurance

Provides national leadership and direction to assure that health care services provided under Medicare, Medicaid

and other Federal programs are medically necessary and furnished in the most economical manner consistent with recognized professional standards of care. Serves as the national focus for assuring accountability to health care consumers for the quality of health care services.

Indian Health Service

Assures a comprehensive health services delivery system for American Indians and Alaska Natives by providing such health care services as hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities. Assists the two groups to develop their capacity to man and manage their own health programs.

Bureau of Medical Service

Carries out programs to provide comprehensive medical care for designated Federal beneficiaries, occupational health care and safety services for Federal employees, and assists in the development, improvement, expansion, and integration of emergency medical services systems.

Public Health Service
National Institutes of Health

NATIONAL INSTITUTES OF HEALTH

The mission of the National Institutes of Health is to provide leadership and direction to programs designed to improve the health of the American people by conducting and supporting research concerned with the diseases of human beings.

MAJOR COMPONENTS

National Library of Medicine

Serves as the Nation's chief medical information source. Provides medical library services and on-line bibliographic searching capabilities to public and private agencies and organizations, institutions, and individuals.

National Cancer Institute

Plans, conducts, and coordinates a national program involving: research on the detection, diagnosis, cause, prevention, treatment, and palliation of cancers, and on rehabilitation of the cancer patient; and demonstration of the effectiveness of cancer control methods and techniques.

National Eye Institute

Conducts and supports research on the causes, natural history, prevention, diagnosis, and treatment of disorders of the eye and visual system; also, works in related fields (including rehabilitation).

National Heart and Lung Institute

Conducts and supports an integrated and coordinated program of research, investigations, clinical trials, and demonstrations relating to the causes, prevention, methods of diagnosis, and treatment of the heart, blood vessels, lungs, and blood diseases; also, makes research grants to scientific institutions and to individuals.

National Institute of Allergy and Infectious Diseases

Conducts and supports research and research training programs directed at finding the causes of and improved methods for diagnosing, treating, and preventing immunologic and infectious diseases.

National Institute of Arthritis, Metabolism, and Digestive Diseases

Conducts and supports basic and clinical research into the causes, prevention, diagnosis, and treatment of the various arthritic, metabolic, and digestive diseases, and covers the broad areas of arthritis, bone, and skin diseases; diabetes, blood, endocrine, and metabolic diseases; digestive diseases and nutrition; and kidney and urologic diseases.

National Institute on Aging

Conducts and supports biomedical, social, and behavioral research and training pertaining to the aging process and related health fields.

National Institute of Child Health and Human Development

Conducts and supports biomedical and behavioral research on child health and maternal health; on problems of human development with special reference to mental retardation; and on family structure, the dynamics of human population, and the reproductive process.

National Institute of Dental Research

Conducts and supports research and research training in the causes, diagnosis, prevention, and cure of oral diseases and disorders.

National Institute of Environmental Health Science

Conducts and coordinates research and research training on the biological effects of chemical, physical, and biological substances in the environment.

National Institute of General Medical Sciences

Stimulates and supports research in the sciences basic to medicine, in the behavioral sciences, and in certain clinical disciplines. Among major programs are those related to trauma and burns, anesthesiology, radiology, genetics, biomedical engineering, pharmacology/toxicology, and the cellular and molecular basis of disease.

National Institute of Neurological and Communicative Disorders and Stroke

Conducts and supports research and research training on the cause, prevention, diagnosis, and treatment of neurological, sensory, communicative and muscle disorders.

Clinical Center

Designed to bring scientists working in the Center's laboratories into close proximity with clinicians caring for patients, so that they may collaborate on problems of mutual concern. The research institutes select patients, referred to NIH by physicians throughout the United States and overseas, for clinical studies of specific diseases and disorders.

John E. Fogarty International Center for Advanced Study in the Health Sciences

Promotes discussion, study, and research on the development of science internationally as it relates to health and administers a Scholars in Residence program at NIH for advanced study in the health sciences.

Division of Computer Research and Technology

Plans and conducts research, developmental, and demonstration programs in mathematical and other computer-related sciences, including information processing.

Division of Research Resources

Provides a focal point for the administration and management of broad NIH programs intended to supply a wide institutional base of support for health-related research. Supports clinical research centers, regional primate research centers, animal resources programs, computer centers, and other biotechnology resources.

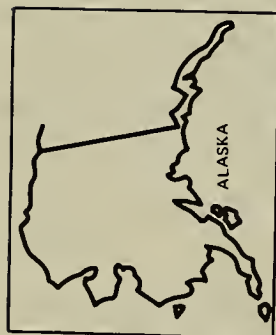
Division of Research Grants

Initiates and develops recommendations and provides staff support services in formulating NIH grants and awards policies and procedures relating to research and research training programs. Receives applications for research and research training support and refers them to the appropriate PHS component.

Division of Research Services

Plans and conducts a centralized program of scientific, engineering, and technical services in support of NIH activities. These services include: environmental engineering and sanitation science; animal production, care and quarantine; centralized glassware and media preparation; and medical art and photographic services.

DHEW REGIONAL BOUNDARIES AND HEADQUARTERS



Form H1W-110 (Rev. 7/70)

FUNCTIONS OF THE PHS REGIONAL OFFICES

Each Regional Health Administrator is responsible for directing all Regional Office health programs and activities in order to assure a coordinated regional effort in tune with national policies and State and local needs.

Activities include: interpreting national policies and guidelines; establishing regional goals and objectives; monitoring progress and accomplishments; and evaluating and redirecting the regional effort accordingly.

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